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## \*BIBDATASHEET\*

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|                                 |  |                        |                        |                       |                            |
|---------------------------------|--|------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>IL | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance |                        |                        |                       |                            |
| Verified and Acknowledged       | Examiner's Signature   | Initials               |                        |                       |                            |

## ADDRESS

34456

## TITLE

NETWORK ARRANGEMENT FOR SMART CARD APPLICATIONS

|                            |   |   |
|----------------------------|---|---|
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